QUALIFICATION SPECIFICATION

gateway



Diploma in Adult Care (Level 3)







This qualification specification covers the following qualification:

Qualification Number	Qualification Title
603/2819/8	Gateway Qualifications Level 3 Diploma in Adult Care

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1.2 (April 2021)	Qualification approval from Qualifications Wales removed.	Pg9



About this qualification specification

This qualification specification is intended for tutors, assessors, internal quality assurers, centre quality managers and other staff within Gateway Qualifications recognised centres and/or prospective centres.

It sets out what is required of the learner in order to achieve the qualification. It also contains information specific to managing and delivering the qualification(s) including specific quality assurance requirements.

The specification should be read in conjunction with the Gateway Qualifications Centre Handbook and other publications available on the website which contain more detailed guidance on assessment and verification practice.

In order to offer this qualification, you must be a Gateway Qualifications recognised centre.

If your centre is not yet recognised, please contact our Development Team to discuss becoming a Gateway Qualifications Recognised Centre:

Telephone: 01206 911211

Email: enquiries@gatewayqualifications.org.uk
Website: www.gatewayqualifications.org.uk/recognition



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1. Qualification Information

1.1. About the qualification

The qualification has been approved by the Office of Qualifications and Examinations Regulation (Ofqual) that regulates qualifications, examinations and assessments in England.

The purpose of the qualification is to confirm the competence of the learner to enable them to work as a lead adult care worker and to give employers confidence that the learner has acquired the required skills to work competently in this role.

Due to a major government reform of apprenticeships, the current system of 'frameworks' is being replaced by 'standards'. The standards are two-page documents listing the skills, knowledge and behaviours needed for the apprentice to be competent in their role. These have to be assessed throughout and the result graded at the end of the apprenticeship by somebody independent. An apprenticeship programme must run for a minimum of 12 months and 20% of their training must be delivered off the job (within paid working time). This qualification can be delivered as part of the Lead Adult Care Worker standard but may be delivered as a standalone qualification outside an apprenticeship.

The qualification has been designed to meet the specification for the qualification which was developed by Skills for Care, working in partnership with employers, regulators and those who use services. The content is applicable to Lead Adult Care Workers who work in residential or nursing homes, domiciliary care, day centres or some clinical healthcare settings. As well as covering Lead Adult Care Workers, the standard also covers Lead Personal Assistants who can work at this senior level but may only work directly for one individual who needs support and/or care services, usually within their own home.

This qualification will require learners to demonstrate in-depth understanding and effective practice in adult care services. A Lead Adult Care Worker will make a positive difference to someone's life when they are faced with physical, practical, social, emotional or intellectual challenges. They will be expected to exercise judgement and take appropriate action to support individuals to maintain their independence, dignity and control. By providing leadership, guidance and direction at the frontline of care delivery the Lead Adult Care Worker will be instrumental in improving the health and wellbeing of those receiving care and support. Lead Adult Care Workers will in some circumstances have delegated responsibility for the standard of care provided and may supervise the work of other care workers. This exercising of autonomy and accountability means leading and supporting others to comply with expected standards and behaviours.

The qualification will support learners to acquire the following skills:

- Communication
- Person development
- Values and behaviours
- Health and wellbeing
- Responsibilities
- Safeguarding



The content links with requirements for the national occupational standards (NOS) for health and social care.

1.2. Objective

The objective of the Gateway Qualifications Level 3 Diploma in Care is to confirm occupational competence for Lead Adult Care Workers and Lead Personal Assistants working in a variety of settings.

1.3. Key facts

Qualification Title	Total Qualification Time	Guided Learning	Credit Value
Gateway Qualifications Level 3 Diploma in Adult Care	576	339	58

Total Qualification Time is the number of notional hours which represents an estimate of the total amount of time that could be reasonably expected to be required for a Learner to achieve and demonstrate the achievement of the level of attainment necessary for the award of the qualification.

Total Qualification Time is comprised of the following two elements:

- the number of hours which an awarding organisation has assigned to a qualification for Guided Learning, and
- an estimate of the number of hours a Learner will reasonably be likely to spend in preparation, study or any other form of participation in education or training, including assessment, which takes place by – but, unlike Guided Learning, not under the Immediate Guidance or Supervision of – a lecturer, supervisor, tutor or other appropriate provider of education or training.

1.4. Achievement methodology

The qualification will be awarded to learners who successfully achieve an approved combination of units through a Portfolio of Evidence that has been successfully verified and monitored through Gateway Qualifications' Quality Assurance process. Achievement is therefore determined by successful completion of unit assessment with no further requirement for additional/summative assessment.



1.5. Geographical coverage

This qualification has been approved by Ofqual to be offered in England.

If a centre based outside of England (including Scotland) would like to offer this qualification, they should make an enquiry to Gateway Qualifications.

1.6. Progression opportunities

Those completing the Level 3 qualification as part of the Lead Adult Care Worker standard could progress onto job roles within the Adult Care sector as either a Lead Adult Care Worker or Lead Personal Assistant.

After a period of experience, they could progress onto the Level 4 Diploma in Adult Care or the Level 5 Diploma in Leadership and Management for Adult Care.

1.7. Funding

For information regarding potential sources of funding please visit the following the Education and Skills Funding Agency:

https://www.gov.uk/government/organisations/education-and-skills-funding-agency.

1.8. Equality, diversity and inclusion

It is Gateway Qualifications' aim that there shall be equal opportunities within this organisation and in all the services it provides and within its recognised centres and via the services they provide and so meet the organisation's legal responsibilities to prevent discrimination.

In particular it is the organisation's intention that there should be no discrimination on the grounds of a protected characteristic including age, disability, gender assignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, sexual orientation. It is acknowledged that this is not an exhaustive list.



2. Learner Entry Requirements

2.1. Age

The approved age range for these qualifications is 16-18 or 19+

2.2. Prior qualifications

Apprentices must attain Level 2 Maths and English prior to completing the apprenticeship standard.

2.3. Prior skills/knowledge/understanding

There are no formal entry conditions for this qualification and the relevant apprenticeship standard. Individuals about to undertake this qualification must, however, work in job roles which are appropriate for the qualification and which will allow them to gather the evidence necessary for achievement of the learning outcomes.

Potential apprentices should be willing to undergo a DBS (Disclosure and Barring Service) check. Employers in adult care carry out DBS checks, as this is a requirement, and certain offences may disqualify potential apprentices from employment in these sectors and thus automatically preclude them from completing an apprenticeship or gaining employment in the sector. Potential apprentices should therefore discuss any relevant matters with their employer prior to enrolment.

2.4. Restrictions

Learners must undertake the Disclosure and Barring Service process and provide the result prior to undertaking this qualification.

The Care Certificate, which builds on the previous Common Induction Standards and National Minimum Training Standards, is a requirement for this standard. For those staff who have completed the CIS prior to the launch of the Care Certificate, it is the employer's responsibility to judge where the gaps are for staff to meet the additional standards in the Care Certificate.

2.5. Access to qualifications for learners with disabilities or specific needs

Gateway Qualifications and recognised centres have a responsibility to ensure that the process of assessment is robust and fair and allows the learner to show what they know and can do without compromising the assessment criteria.



Gateway Qualification has a duty to permit a reasonable adjustment where an assessment arrangement would put a disabled person at a substantial disadvantage in comparison to someone who is not disabled.

The following adaptations are examples of what may be considered for the purposes of facilitating access, as long as they do not impact on any competence standards being tested:

- adapting assessment materials;
- adaptation of the physical environment for access purposes;
- adaptation to equipment;
- assessment material in an enlarged format or Braille;
- assessment material on coloured paper or in audio format;
- British Sign Language (BSL);
- · changing or adapting the assessment method;
- changing usual assessment arrangements;
- extra time, e.g. assignment extensions;
- language modified assessment material;
- practical assistant;
- prompter;
- providing assistance during assessment;
- reader;
- scribe;
- transcript;
- use of assistive software;
- using assistive technology;
- use of CCTV, coloured overlays, low vision aids;
- use of a different assessment location;
- use of ICT/responses using electronic devices.

It is important to note that not all of the adjustments (as above) will be reasonable, permissible or practical in particular situations. The learner may not need, nor be allowed the same adjustment for all assessments.

Learners should be fully involved in any decisions about adjustments/adaptations. This will ensure that individual needs can be met, whilst still bearing in mind the specified assessment criteria for a particular qualification.

A reasonable adjustment for a particular learner may be unique to that individual and may not be included in the list of available access arrangements specified above.

Special Considerations

Requests for special consideration should be submitted as soon as possible. Please refer to the Reasonable Adjustments and Special Consideration Policy.



2.6. Additional requirements/guidance

There are no additional rules or guidance regarding learner entry requirements.

2.7. Recruiting learners with integrity

It is vital that centres recruit with integrity with regard to qualifications. Centres must ensure that learners have the correct information and advice on their selected qualification and that the qualification will meet their needs.

The recruitment process must include the centre assessing each potential learner and making justifiable and professional judgements about the learner's potential to successfully complete the assessment and achieve the qualification. Such an assessment must identify, where appropriate, the support that will be made available to the learner to facilitate access to the qualification.



3. Achieving the Qualification

3.1. Achievement methodology

The qualification will be awarded to learners who successfully achieve an approved combination of units.

3.2. Qualification structure

The knowledge, skills and understanding that will be assessed as part of the qualification are set out within the unit specifications. These include the learning outcomes and associated assessment criteria.

For information on Recognition of Prior Learning/ please see section 3.3 Recognition of Prior Learning (RPL).



Gateway Qualifications Level 3 Diploma in Adult Care

Learners must achieve 28 credits from the mandatory group and a minimum of 6 credits from Optional Group 04 - Leadership Skills. The remaining 24 credits may be taken from any of the optional groups. A maximum of 16 credits may be taken at Level 2 from the optional units.

Mandatory

Learners must achieve 28 credits from this group.

Unit Number	Standard Identifier	Unit Title	Level	Credit Value	Guided Learning (hrs)	Total Qualification Time (hrs)
K/616/3061	SFH140 and DAC3E2	Duty of care in care settings	3	1	8	10
L/616/3053	SFH069 and DAC3A1	Promote communication in care settings	3	3	25	30
D/616/3056	SFH078 and DAC3A2	Promote effective handling of information in care settings	3	2	16	19
M/616/3062	SFH175 and DAC3C	Promote equality and inclusion in care settings	3	2	18	20
A/616/3050	SFH043 and DAC3D14A	Promote health, safety and wellbeing in care settings	3	6	45	55
R/616/3040	SFH004 and DAC3B1	Promote personal development in care settings	3	3	10	30
T/616/3063	SFH178 and DAC3C1	Promote person-centred approaches in care settings	3	6	39	57
R/616/3054	SFH075 and DAC3E1	Responsibilities of a care worker	2	2	16	20
K/616/3044	SFH008 and DAC3F1	Safeguarding and protection in care settings	2	3	26	33



O1: Optional Group: Specialisms in Adult Care

Learners may achieve up to 31 credits from this group.

Unit Number	Unit Title	Level	Credit Value	Guided Learning (hrs)	Total Qualification Time (hrs)
Y/616/3380	Assist individuals who have mental health problems when they are transferring between agencies and services	3	2	6	17
D/601/0676	Assist with the Transfer of Individuals, Who Misuse Substances, Between Agencies and Services	3	1	6	10
K/501/0587	Carry Out Comprehensive Substance Misuse Assessment	3	5	30	50
D/601/0662	Carry Out Initial Assessments to Identify and Prioritise the Needs of Substance Misusers	3	5	30	50
D/503/1839	Diabetes Awareness	3	6	46	60
A/601/9191	Enable Rights and Choices of Individuals with Dementia Whilst Minimising Risks	3	4	26	40
J/616/3603	End of life and dementia care	3	2	10	20
F/601/4686	Equality, Diversity and Inclusion in Dementia Care Practice	3	4	31	40
H/616/3057	Understand mental health problems	3	3	16	40
J/601/9968	Help Individuals Address Their Substance use Through an Action Plan	3	4	28	40
D/501/0585	Identify and Act Upon Immediate Risk of Danger to Substance Misusers	3	4	24	50
A/601/9174	Identify the physical health needs of individuals with mental health needs and plan appropriate actions	4	5	35	70
H/501/0586	Increase Awareness About Drugs, Alcohol or Other Substances with Individuals and Groups	3	7	42	38
K/616/3528	Managing symptoms in end of life care	3	4	30	50
A/601/6274	Principles of Supporting Individuals with a Learning Disability Regarding Sexuality and Sexual Health	3	3	21	30
K/601/3483	Promote effective communication with individuals with sensory loss	3	4	30	40
M/601/0682	Provide Services to those Affected by Someone Else's Substance Use	3	4	24	40
M/616/3529	Recognise indications of substance misuse and refer individuals to specialists	3	4	24	40



Unit Number	Unit Title	Level	Credit Value	Guided Learning (hrs)	Total Qualification Time (hrs)
F/503/7150	Stroke Awareness	2	3	28	30
D/501/0599	Supply and Exchange Injecting Equipment for Individuals	3	3	18	30
M/601/5817	Support families who are affected by Acquired Brain Injury	3	3	30	30
H/616/3379	Support individuals during the last days of life	4	5	40	50
K/501/0590	Support Individuals Through Detoxification Programmes	3	3	18	50
A/601/0670	Support Individuals who are Substance Users	3	7	42	30
J/601/8657	Support individuals with a learning disability to access healthcare	3	3	25	70
M/504/2196	Support individuals with autistic spectrum conditions	3	4	33	30
A/601/5190	Support Individuals with Multiple Conditions and/or Disabilities	3	4	31	40
T/616/3144	Support individuals with specific communication needs	3	5	35	40
K/601/7047	Support Parents with Disabilities	3	6	43	50
R/601/3543	Support the assessment of individuals with sensory loss	3	3	22	60
D/601/3545	Support the promotion of awareness of sensory loss	3	3	23	30
F/602/0049	Support Young People with a Disability to make the Transition into Adulthood	3	5	40	30
K/616/3500	Supporting individuals with loss and grief before death	3	2	5	50
Y/601/4693	Understand and Enable Interaction and Communication with Individuals Who Have Dementia	3	4	30	22
T/601/9187	Understand and Meet the Nutritional Requirements of Individuals with Dementia	3	3	26	40
Y/503/8689	Understand How to Provide Support When Working in End of Life Care	3	4	33	30
T/601/5317	Understand How to Support Individuals with Autistic Spectrum Conditions	3	3	28	40
A/616/3047	Understand mental well-being and mental health promotion	3	3	20	30
F/601/3473	Understand Models of Disability	3	3	26	28
J/601/6150	Understand Physical Disability	3	3	22	28
M/601/3467	Understand Sensory Loss	3	3	21	30
K/601/9199	Understand the Administration of Medication to Individuals with Dementia Using a Person Centred Approach	3	2	15	30
Y/616/3069	Understand the context of supporting individuals with learning disabilities	3	4	35	30



Unit Number	Unit Title	Level	Credit Value	Guided Learning (hrs)	Total Qualification Time (hrs)
Y/601/3544	Understand the Diversity of Individuals with Dementia and the Importance of Inclusion	3	3	23	20
Y/601/6167	Understand the Impact of Acquired Brain Injury on Individuals	3	3	28	40
J/601/3538	Understand the Process and Experience of Dementia	3	3	22	30
L/601/3539	Understand the Role of Communication and Interactions with Individuals who have Dementia	3	3	26	30

O2: Optional Group: Clinical Skills

Learners may achieve up to 24 credits from this group.

Unit Number	Unit Title	Level	Credit Value	Guided Learning (hrs)	Total Qualification Time (hrs)
F/616/3129	Administer medication to individuals and monitor the effects	3	5	30	50
J/616/3052	Causes and spread of infection	2	2	20	20
R/501/6738	Cleaning, decontamination and waste management	2	2	20	20
H/616/3141	Obtain and test capillary blood samples	3	4	30	40
F/616/3177	Obtain venous blood samples	3	3	24	30
F/601/4056	Support Use of Medication in Social Care Settings	3	5	40	50
T/601/0666	Test for Substance Use	3	5	30	30
K/616/3058	The principles of infection prevention and control	2	3	30	30
A/616/3548	Undertake physiological measurements	3	3	23	30
A/616/3128	Undertake tissue viability risk assessments	3	3	16	27
L/616/3490	Undertake urethral catheterisation processes	3	4	28	40



O3: Optional Group: Aspects of Support in Adult Care

Learners may achieve up to 24 credits from this group.

Unit Number	Unit Title	Level	Credit Value	Guided Learning (hrs)	Total Qualification Time (hrs)
T/504/2216	Assess the needs of carers and families	3	4	28	40
T/601/9027	Contribute to Raising Awareness of Health Issues	3	4	26	40
R/601/3526	Develop and Sustain Effective Working Relationships with Staff in Other Agencies	3	4	24	40
T/616/3516	Enable individuals to develop strategies to manage their behaviour	3	8	41	80
R/601/5180	Enable individuals to negotiate environments	3	5	34	50
K/616/3514	Facilitate learning and development activities to meet individual needs and preferences	3	5	35	50
H/601/8049	Facilitate Person Centred Assessment, Planning, Implementation and Review	3	6	45	60
J/616/3360	Implement therapeutic group activities	3	4	25	40
A/616/3064	Interact with and support individuals using telecommunications	3	5	36	50
K/601/9493	Introduction to personalisation in Social Care	3	3	22	30
A/502/3148	Maintaining the Independent Advocacy Relationship	3	6	25	60
L/616/3487	Move and position individuals in accordance with their care plan	2	4	26	40
R/601/8824	Prepare Environments and Resources for use During Healthcare Activities	2	3	20	30
M/601/9611	Prepare to Support Individuals Within a Shared Lives Arrangement	3	4	31	40
M/601/7048	Principles of Self-Directed Support	3	3	26	30
M/601/7227	Principles of Supporting Young People with a Disability to make the Transition into Adulthood	3	3	30	30
D/601/7353	Promote active support	3	5	36	50
T/503/2575	Promote nutrition and hydration in health and social care settings	3	4	32	40
D/616/3381	Promote positive behaviour	3	6	44	60
J/601/9601	Provide Support for Individuals Within a Shared Lives Arrangement	3	5	35	50
A/601/8025	Provide Support for Journeys	2	2	17	20



Unit Number	Unit Title	Level	Credit Value	Guided Learning (hrs)	Total Qualification Time (hrs)
J/504/2205	Provide support to adults who have experienced harm or abuse	4	5	39	50
H/616/3155	Provide support to individuals to continue recommended therapies	3	3	20	30
D/616/3512	Provide support to maintain and develop skills for every day life	3	4	28	40
T/502/3147	Providing Independent Advocacy Support	3	6	25	60
M/502/3146	Purpose and Principles of Independent Advocacy	3	4	25	40
F/502/3149	Responding to the Advocacy Needs of Different Groups of People	3	6	25	60
D/601/5750	Support families who have a child with a disability	3	3	23	30
K/601/9185	Support Families in Maintaining Relationships in Their Wider Social Structures	3	4	33	40
J/601/3541	Support individuals in the use of assistive technology	4	4	32	40
R/601/8578	Support Individuals in Their Relationships	3	4	27	40
F/616/3440	Support individuals to access and manage direct payments	4	4	20	40
H/616/3382	Support individuals to access and use services and facilities	3	4	25	40
L/616/3439	Support individuals to access education, training or employment	4	4	31	40
R/601/8581	Support Individuals to Deal With Personal Relationship Problems	3	4	26	40
R/616/3443	Support individuals to develop and run support groups	3	3	24	30
Y/601/7903	Support Individuals to Live at Home	3	4	25	40
K/601/9963	Support Individuals to Maintain Personal Hygiene	2	2	17	20
T/616/3175	Support individuals to manage their finances	3	3	20	30
A/616/3145	Support individuals to prepare for and settle in to new home environments	3	3	23	30
T/504/2202	Support individuals to stay safe from harm or abuse	3	4	27	40
R/616/3149	Support individuals who are bereaved	3	4	30	40
H/616/3513	Support individuals who are distressed	2	3	21	30
J/602/0053	Support Individuals with Self-Directed Support	3	5	35	50
R/504/2224	Support people who are providing homes to individuals	4	6	40	60
A/601/7215	Support person-centred thinking and planning	3	5	41	50
A/616/3517	Support positive risk taking for individuals	3	4	32	35
D/616/3526	Support the spiritual wellbeing of individuals	3	3	26	30
R/504/2207	Supporting infection prevention and control in social care	3	2	18	20



Unit Number	Unit Title	Level	Credit Value	Guided Learning (hrs)	Total Qualification Time (hrs)
F/616/3146	Understand Advance Care Planning	3	3	25	30
J/601/6293	Understand Positive Risk Taking for Individuals with Disabilities	3	3	25	30
T/502/7599	Understand the Effects of Ageing in Activity Provision	3	2	17	20
D/504/2243	Understand the Factors Affecting Older People	3	2	17	20
K/502/7583	Understanding and Enabling Assisting and Moving Individuals	2	4	28	40
K/616/3142	Undertake agreed pressure area care	2	4	30	40
D/616/3171	Undertake personal hygiene activities with individuals	2	3	24	32
J/616/3441	Work in partnership with families to support individuals	3	3	27	30
F/601/9029	Work with families, carers and individuals during times of crisis	4	5	35	50

O4: Optional Group: Leadership Skills

Learners must achieve a minimum of 6 credits from this group.

Unit Number	Unit Title	Level	Credit Value	Guided Learning (hrs)	Total Qualification Time (hrs)
L/616/7880	Adapting to Change in an Adult Care Setting	2	3	24	30
R/503/0963	Beliefs and Values	2	1	8	20
R/616/7881	Contribute to effective team working in adult care settings	3	4	25	40
T/502/9532	Contribute to the control of resources	3	4	30	40
R/502/7576	Coordination of Activity Provision in Social Care	3	5	35	50
Y/616/7882	Develop Professional Relationships with Colleagues and Stakeholders within Adult Care Settings	3	3	21	30
D/616/7883	Developing Self Awareness in Work Situations	3	3	21	30
F/616/5513	Facilitate the development of effective group practice in health and social care settings	5	6	42	60
T/601/9738	Implement the positive behavioural support model	4	8	61	80



Unit Number	Unit Title	Level	Credit Value	Guided Learning (hrs)	Total Qualification Time (hrs)
F/504/8276	Improving Own Learning and Performance	3	3	21	30
R/616/5497	Manage induction in health and social care settings	4	3	21	30
H/616/7884	Managing Feelings and Emotions in the Workplace	3	2	14	20
K/616/7885	Plan, allocate and monitor work of self and own team within an adult care setting	3	6	30	60
D/503/9326	Solving problems and making decisions	3	2	9	20
K/616/3531	Support individuals during a period of change	3	4	29	39
M/616/3501	Support individuals to access housing and accommodation services	3	4	31	40
D/504/2226	Support individuals to be part of a community	3	3	20	30
M/601/9494	Support the development of community partnerships	4	5	33	50
D/602/3170	Understand how to manage a team	4	3	20	30
K/503/9328	Understanding innovation and change in an organisation	3	2	9	20
M/616/7886	Understanding Risk within Adult Care Settings	3	2	14	20
K/601/6190	Work with other professionals and agencies to support individuals with physical disability	3	3	23	30



3.3. Recognition of prior learning

Recognition of Prior Learning (RPL) provides learners and Centres with an alternative assessment method by which a learner's previous achievements can meet the assessment requirements for a unit/qualification through the knowledge, understanding or skills that they already possess and so, do not need to develop these through a course of learning.

It enables the recognition of achievement from a range of activities using any valid assessment methodology. Provided that the assessment requirements of a given unit or qualification have been met, the use of RPL is acceptable to contribute to a unit, units or a whole qualification according to the RPL criteria for a given qualification.

The recognition of prior learning is permitted for this qualification and includes the prior attainment of units on a qualification offered by Gateway Qualifications, e.g. where a learner progresses from a smaller qualification to a larger qualification and where the qualifications have shared content such as an Award, Certificate and/or Diploma.

Centres should refer to the Gateway Qualifications' Recognition of Prior Learning policy and follow the process available on the website.

3	3.4. Links to other qualifications	
	None.	



4. Assessment and Quality Assurance

The following are in addition to the standard assessment and quality assurance requirements set out in the Gateway Qualifications Centre Handbook.

4.1. Method of assessment

The method of assessment for the qualification is through a portfolio of evidence.

4.2. Assessment materials

There are no specific assessment materials provided for this qualification.

4.3. Assessment guidance

Assessment decisions for competence based learning outcomes (e.g. those beginning with' to be able to') must be made in a real work environment by an occupationally competent assessor. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment but the final assessment decision must be within the real work environment.

Competence based assessment must include direct observation as the main source of evidence. Simulation may only be utilised as an assessment method for competence based learning outcome where this is specified in the assessment requirements of the unit. Expert witnesses can be used for direct observation where: they have occupational expertise for specialist areas or the observation is of a particularly sensitive nature. The use of expert witnesses should be determined and agreed by the assessor.

Assessment of knowledge based Learning Outcomes (e.g. those beginning with 'know' or 'understand') may take place in or outside of a real work environment. Assessment decisions for knowledge based Learning Outcomes must be made by an occupationally knowledgeable assessor.

Assessment decisions for knowledge based Learning Outcomes must be made by an assessor qualified to make assessment decisions. Where assessment is electronic or undertaken according to a set grid, the assessment decisions are made by the person who has set the answers.

4.4. Qualification-specific centre requirements

Centres must ensure that they have the appropriate resources in place when delivering performance units from vocational areas.



4.5. Qualification-specific tutor/assessor requirements

Tutor/Assessors must be fully qualified and experienced in the subject area in which they are delivering, details of which will be checked through Gateway Qualifications External Quality Assurance process.

Occupationally competent:

This means that each assessor must be capable of carrying out the full requirements within the competency units they are assessing. Being occupationally competent means they are also occupationally knowledgeable. This occupational competence should be maintained annually through clearly demonstrable continuing learning and professional development.

Occupationally knowledgeable:

This means that each assessor should possess relevant knowledge and understanding, and be able to assess this in units designed to test specific knowledge and understanding, or in units where knowledge and understanding are components of competency. This occupational knowledge should be maintained annually through clearly demonstrable continuing learning and professional development.

Qualified to make assessment decisions:

This means that each assessor must hold a qualification suitable to support the making of appropriate and consistent assessment decisions.

An expert witness must:

- have a working knowledge of the units on which their expertise is based
- be occupationally competent in their area of expertise.
- have EITHER any qualification in assessment of workplace performance OR a professional work role which involves evaluating the everyday practice of staff.

4.6. Qualification-specific quality assurance requirements

Units must be verified by an Internal Quality Assurer who is accountable to the centre. Internal Quality Assurers must:

- hold a D34, V1 Internal Verifier qualification or Internal Quality Assurer qualification or be working towards a relevant qualification and have sufficient and relevant technical/occupational familiarity with the units that are verified
- be fully conversant with the standards and assessment criteria in the units to be assessed
- understand Gateway Qualifications' quality assurance systems and requirements for these qualifications.
- Trainee Internal Quality Assurers must have a plan that is overseen by the recognised centre, to achieve an appropriate Internal Quality Assurance qualification within an agreed timescale.
- All verification decisions made by those working towards a relevant IQA qualification must be verified by a qualified Internal Quality Assurers.



4.7. Additional requirements/guidance

There are no additional requirements that Learners must satisfy in order for assessment to be undertaken and the unit/qualification to be awarded.



5. What to do next

For existing centres please contact your named Development Manager or Development Officer.

For organisations, not yet registered as Gateway Qualifications centre please contact:

Gateway Qualifications Gateway House 3 Tollgate Business Park Colchester CO3 8AB

Tel: 01206 911211

Email: enquiries@gatewayqualifications.org.uk

6. Gateway Qualifications

Gateway Qualifications, a not for profit registered charity, is an Awarding Organisation based in Colchester.

We work with learning providers and industry experts to design and develop qualifications that benefit the learner and the employer.

We support flexible, responsive and quality assured learning opportunities whether it's in the classroom, at work, in the community or through distance learning.

We are recognised by Ofqual, to design, develop and submit qualifications to the Regulated Qualifications Framework (RQF).



7. Appendices

Appendix 1 – Mandatory Unit Details

Safeguarding and protection in care settings

Unit Number: K/616/3044

Standard Identifier: SFH008

Level: Level 2

Credit Value: 3

GLH: 26

TQT: 33

Unit Aim:

SFH008- This unit is aimed at those working in a wide range of

care settings. This unit covers the important area of

safeguarding individuals from abuse. It identifies different types

of abuse and the signs and symptoms that might indicate abuse is occurring. It considers when individuals might be particularly

vulnerable to abuse and what a learner must do if abuse is

suspected or alleged.

The unit has 7 learning outcomes.

LEARNING OUTCOMES	ASSESSMENT CRITERIA
The learner will:	The learner can:
Understand principles of safeguarding adults.	1.1 Explain the term safeguarding1.2 Explain own role and responsibilities in safeguarding individuals.1.3 Define the following terms:
	 Physical abuse Domestic abuse Sexual abuse Emotional/psychological abuse Financial/material abuse Modern slavery Discriminatory abuse Institutional/organisational abuse Self-neglect Neglect by others
	Domestic abuse should include acts of control and coercion.
	1.4 Describe harm.1.5 Describe restrictive practices.



LEARNING OUTCOMES	ASSESSMENT CRITERIA
The learner will:	The learner can:
2. Know how to recognise signs of abuse.	Identify the signs and/or symptoms associated with each of the following types of abuse:
	 Physical abuse Domestic abuse Sexual abuse Emotional/psychological abuse Financial/material abuse Modern slavery Discriminatory abuse Institutional/organisational abuse Self-neglect Neglect by others
Know how to respond to suspected or alleged abuse.	3.1 Explain the actions to take if there are suspicions that an individual is being abused.
	The actions to take constitute the learner's responsibilities in responding to allegations or suspicions of abuse. They include actions to take if the allegation or suspicion implicates:
	 A colleague Someone in the individual's personal network The learner The learner's line manager Others
	3.1 Explain the actions to take if an individual alleges that they are being abused.3.1 Identify ways to ensure that evidence of abuse is preserved.



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LEARNING OUTCOMES	ASSESSMENT CRITERIA
The learner will:	The learner can:
 Understand the national and local context of safeguarding and protection from abuse. 	4.1 Identify relevant legislation, national policies and local systems that relate to safeguarding and protection from abuse.
	Local systems may include:
	employer/organisational policies and procedures
	multi-agency adult protection arrangements for a locality.
	 4.2 Explain the roles of different agencies in safeguarding and protecting individuals from abuse. 4.3 Identify factors which have featured in reports into serious cases of abuse and neglect. 4.4 Identify sources of information and advice about own role in safeguarding and protecting individuals from abuse, including whistle blowing.
	Whistle blowing
	A whistle blower is a person who exposes any kind of information or activity that is
	deemed illegal, unethical or not correct.
	4.5 Identify when to seek support in situations beyond your experience and expertise.



LEARNING OUTCOMES	ASSESSMENT CRITERIA
The learner will:	The learner can:
5. Understand ways to reduce the likelihood of abuse.	5.1 Explain how the likelihood of abuse may be reduced by:
	 working with person centred values encouraging active participation promoting choice and rights supporting individuals with awareness of personal safety.
	Person centred values include:
	 Individuality Rights Choice Privacy Independence Dignity Respect Individuality Rights Choice Privacy Independence Dignity Respect Partnership Care Compassion Courage Competence
	Active participation is a way of working that recognises an individual's right to participate in the activities and relationships of everyday life as independently as possible; the individual is regarded as an active partner in their own care or support, rather than a passive recipient
	5.2 Explain the importance of an accessible complaints procedure for reducing the likelihood of abuse.5.3 Outline how the likelihood of abuse can be reduced by managing risk and focusing on prevention.



LEARNING OUTCOMES	ASSESSMENT CRITERIA		
The learner will:	The learner can:		
Know how to recognise and report unsafe practices.	6.1 Describe unsafe practices that may affect the well-being of individuals.		
	Unsafe practices may include:		
	poor working practicesresource difficultiesoperational difficulties		
	Well-being may include aspects that are:		
	 Social Emotional Cultural Spiritual Intellectual Economic Physical Mental 		
	6.2 Explain the actions to take if unsafe practices have been identified.6.3 Describe the actions to take if suspected abuse or unsafe practices have been reported but nothing has been done in response.		
7. Understand principles for online safety.	 7.1 Describe the potential risks presented by: the use of electronic communication devices the use of the internet the use of social networking sites carrying out financial transactions online 7.2 Explain ways of reducing the risks presented by each of these types of activity. 7.3 Explain the importance of balancing measures for online safety against the benefits to individuals of using electronic systems and devices. 		



Learning Outcome 1:

Types of abuse:

Physical abuse:

- hitting
- shaking
- biting
- throwing
- · burning or scalding
- suffocating
- force-feeding

or otherwise causing physical harm to an individual

Sexual abuse:

- forcing an individual to take part in sexual activities or behave in sexually inappropriate ways
- penetrative acts including rape or buggery

Emotional abuse:

- bullying
- invoking threats or fear
- devaluing individual self-esteem
- verbal abuse and swearing
- imposing inappropriate expectations
- conveying feelings of worthlessness
- exploitation

Financial abuse:

- theft of money or property
- misappropriation or mismanagement of individuals' finances
- denying individuals access to their own finances, particularly with the elderly or individuals with learning difficulties.

Institutional abuse:

- misuse of authority, information or power over vulnerable individuals by staff in health and social care settings
- failure to maintain professional boundaries
- inappropriate use of medication
- physical restraint
- humiliation or bullying
- denying privacy

Self-neglect:

- individuals engaging in neglectful or self-harming behaviours including refusing to eat or drink
- neglecting personal hygiene or toilet needs
- causing actual bodily harm to self, including cutting

Neglect by others:



• not caring for the basic needs of individuals including neglectful practice in washing, toileting, feeding or personal care.

Learning Outcome 2:

Learners should be able to identify signs of abuse:

Physical abuse:

- bruising
- bite marks
- burn marks
- changes in behaviour, can lead to death in extreme cases.

Sexual abuse:

- · disturbed behaviour including self-harm
- inappropriate sexualised behaviour
- · repeated urinary infections
- depression
- · loss of self-esteem
- · impaired ability to form relationships.

Emotional abuse:

- · loss of self-esteem and self-confidence,
- · being withdrawn from others

Financial abuse:

- loss of trust
- insecurity
- fearful
- withdrawn
- conforming or submissive behaviour
- disappearance of possessions
- Power of Attorney obtained when individual is unable to comprehend

Institutional abuse:

- · loss of self-esteem and confidence
- · submissive behaviour
- loss of control

Self-neglect or neglect by others:

- unkempt appearance
- weight loss
- dehydration



- · signs of actual self-harm including cuts
- · withdrawn or submissive behaviour

Learning Outcome 3:

Actions to take regarding suspicions or allegations of abuse, including actions to take if the allegation or suspicion implicates any individual e.g.

- someone in the individual's personal network
- the learner
- the learner's line manager
- a colleague,

Learners should have an understanding of roles and responsibilities, the importance of following legislation, policies, procedures and agreed ways of working.

The basic information a learner should be aware of includes:

- who the alleged victim is
- · who the alleged abuser is
- categories of abuse which could be happening
- when abuse has happened
- where abuse has happened
- importance of treating all allegations or suspicions seriously
- reporting suspicions or allegations to appropriate/named person
- the importance of clear verbal and accurate written reports
- importance of not asking leading questions with individuals concerned
- importance of respectful listening
- confidentiality and agreed procedures for sharing information on disclosure
- importance of actual evidence and avoiding hearsay

Ensure evidence is preserved:

- use of written reports including details of alleged/suspected abuse, signed, dated and witnessed.
- use of witness statements (signed and dated)
- photographic evidence e.g. of physical injuries
- agreed procedures for using electronic records e.g. password protected systems
- confidential systems for manual records e.g. security systems, access to evidence records.

Learners should be aware of the importance of timescales to ensure reliability and validity of evidence and the need for secure storage of any actual evidence e.g. financial records.

Learning Outcome 4:

National policies and local systems:

National policies including the scope of responsibility of the Independent Safeguarding Authority (ISA); the national Disclosure and Barring Scheme (DBS); 'No Secrets' national framework and codes of practice for health and social care (2000); 'Safeguarding Adults' national policy review (2009); work of the Care Quality Commission; 'Working Together to Safeguard Children' (2006); 'Every Child Matters' (2003); Common Assessment Framework (CAF); local systems including employer/organisational policies and procedures and multi-



agency adult protection arrangements for a locality, the scope of responsibility of Local Safeguarding Children's Boards (LSCBs), Local Safeguarding Adults Boards (LSABs).

Role of different agencies: importance of multi-agency and interagency working;

- · social services
- social workers
- care assistants
- charities
- the police.

Responsibilities for allocating a named person usually from statutory agencies in health or social care; responsibilities for overseeing the Safeguarding Assessment and its outcome; consulting the police regarding all safeguarding incidents; convening or chairing strategy meetings, including the agreement of responsibilities, (lead professional); actions and timescales; coordinating and monitoring investigations; overseeing the convening of Safeguarding Case Conferences; providing information about activities and outcomes to the Safeguarding Coordinator

Raising concerns is called 'whistleblowing'. Failing to act to prevent harm being caused to a person you have responsibility for, or acting in a way that results in harm to a person who legitimately relies on you, constitutes abuse.

When a child dies, or is seriously harmed, as a result of abuse or neglect, a case review is conducted to identify ways that local professionals and organisations can improve the way they work together to safeguard children.

Common factors that have been identified in serious case reviews include:

- Disagreement about use of early help assessment
- Confusion about 'referrals' and 'contacts' in children's social care (CSC)
- Not making a referral after bruising to non-mobile babies
- Not making a referral when young people disclose sexual activity
- Unresolved disagreement about the need for children's social care involvement
- Not convening strategy discussions
- Confusion about interpretation of medical information on cause of injury
- Incomplete information sharing by schools in child protection
- Misinterpretation of Police decisions not to pursue a prosecution
- Unequal weight given to views of different agencies in Child Protection Conferences
- Unfocused discussion in Child Protection Conferences
- Reluctance to share all information in presence of families at child protection conferences
- Euphemistic language in reports and written records
- Lack of communication between children's and adults' social care

https://www.scie.org.uk/children/safeguarding/case-reviews/learning-from-case-reviews/

Learning Outcome 5:

Working with person-centred values involves:

- decreasing the likelihood of abuse by working in a person-centred way
- being aware of the key values of privacy, dignity, independence, choice, rights and fulfilment
- decreasing vulnerability by increasing confidence



- · importance of empowerment, independence and autonomy
- involving individuals in making their own decisions and choices
- respectful communication
- active listening

The learner should be aware of the main principles that all adults have the right to live their lives free from violence, fear and abuse, the right to be protected from harm and exploitation, the right to independence and the right to justice.

Learning Outcome 6:

Unsafe practices: poor working practices such as:

- neglect in duty of personal care e.g. in relation to inappropriate
 - o feeding
 - washing
 - bathing
 - dressing
 - o toileting
- inappropriate physical contact e.g. in relation to moving and handling
- unsafe administration of medication e.g. failure to check dosage
- unreliable systems for dealing with individual's money or personal property e.g. failure to witness or record accurately
- · misuse of authority e.g. using physical restraint
- failure to maintain professional boundaries e.g. in relationships
- failure to ensure supervision e.g. for lone working situations
- · inappropriate communication or sharing of information e.g. breaching confidentiality
- failure to update knowledge on safeguarding issues
- unsafe recruitment practices e.g. failure to check workers through Disclosure and Barring Service
- resource difficulties e.g. staff shortages
- operational difficulties.

Actions to take:

Importance of reporting unsafe practices that have been identified; reporting concerns to a manager or supervisor immediately, verbally and in writing; policies on 'whistleblowing'; if suspected abuse or unsafe practices have been reported, but no action has been taken, workers have the right to report concerns directly to social services or the police; anyone can report a suspicion or allegation of abuse; workers can be disciplined, suspended or dismissed for not reporting abuse and following the correct procedures; importance of raising genuine concerns and questioning these; reassurance of protection from possible reprisals or victimisation following reporting.

Learning Outcome 7:

Risks from the use of:

- electronic communication devices theft, bullying, sexting
- internet access to inappropriate materials, grooming
- social networking sites not being aware of what to put online, privacy settings not being set high enough, arranging to meet people who they do not know, grooming



Indicative Content: Safeguarding and protection in care settings

 carrying out transactions online – fraudulent activity, phishing, identity fraud, hacking into account

Ways of reducing risk:

- · use of secure passwords
- · check privacy settings
- not sharing passwords
- · not accepting people you do not know as friends on social networks
- · being aware of what should not be disclosed on the internet
- looking for https to show secure website
- · looking for padlock to show secure website
- not opening attachments from people you do not know
- · not giving out personal details e.g. contact details



Responsibilities of a care worker

Unit Number: R/616/3054

Standard Identifier: SFH075

Level: 2

Credit Value: 2

GLH: 16

TQT: 20

Unit Aim: SFH075 - This unit is aimed at those working in a wide range of

settings. It provides the learner with the knowledge and skills required to understand the nature of working relationships, work

in ways that are agreed with the employer and work in

partnership with others.

The unit has 3 learning outcomes.

LE	EARNING OUTCOMES	ASSESSMENT CRITERIA
	ne learner will:	The learner can:
	Understand working relationships in care settings.	1.1 Explain how a working relationship is different from a personal relationship.1.2 Describe different working relationships in care settings.
		Care settings e.g. Adult, children and young people's health settings and adult care settings.
2.	Be able to work in ways that are agreed with the employer.	2.1 Describe why it is important to adhere to the agreed scope of the job role.2.2 Access full and up-to-date details of agreed ways of working.
		Agreed ways of working include policies and procedures where these exist; they may be less formally documented with micro-employers.
		2.3 Work in line with agreed ways of working.2.4 Contribute to quality assurance processes to promote positive experiences for individuals receiving care.
		Individual refers to someone requiring care or support; it will usually mean the person or people supported by the learner.



LEARNING OUTCOMES	ASSESSMENT CRITERIA
The learner will:	The learner can:
3. Be able to work in partnership with others.	3.1 Explain why it is important to work in partnership with others .
	Others may include:
	 Team members and colleagues Other professionals Individual people who require care or support Families, friends, advocates or others who are important to individual people 3.2 Demonstrate ways of working that can help improve partnership working. 3.3 Identify skills and approaches needed for resolving conflicts. 3.4 Access support and advice about:
	partnership workingresolving conflicts.



Indicative Content: Responsibilities of a care worker

Learning Outcome 1:

A working relationship means a relationship with a work colleague; the nature of a professional relationship includes:

- concept of teamwork
- working within agreed guidelines
- · working towards common goals with a shared purpose

A personal relationship: a relationship with a friend, family member or within a social group. This can be a one based on love, liking, family bond or social commitment.

Different working relationships in health and social care settings:

- relationships between co-workers e.g. colleagues
- between worker and manager e.g. supervisory
- relationships within teams e.g. multidisciplinary team, care planning team
- · between different health and social care workers e.g. nurse and care assistant
- relationships between different professionals e.g. health and social care worker and legal advocate
- professional relationships with others e.g. families of individuals

Learning Outcome 2:

Learners must understand that employees adhere to the scope of the job role and that their job description forms part of a contract of employment.

Workers in adult care must:

- understand their legal responsibility to the employer and individuals
- · have defined roles and responsibilities
- display professional commitment
- demonstrate an understanding of the expectations of the job
- understand professional boundaries and working within professional limitations
- be accountable for their actions

These requirements may be used as a means of assessing performance within the job e.g. for appraisal purposes.

Agreed ways of working include accessing full and up-to-date policies and procedures that relate to the responsibilities of the specific job role, e.g. health and safety, safeguarding, equal opportunities and inclusive working, security etc.

Agreed ways of working may be less formally documented with a micro-employer.



Indicative Content: Responsibilities of a care worker

Implementing agreed ways of working, e.g. knowing and demonstrating the requirements of own role in relation to infection control, anti-discriminatory practice, safety and security, dealing with emergency situations, moving and handling etc.

Learning Outcome 3:

Partnership working:

Learners should understand the importance of professional relationships with team members, colleagues, other professionals, individuals who require care or support and their families, friends, advocates or others important to individuals.

They should be aware of the importance of communication; agreed ways of sharing information; confidentiality and the boundaries to sharing information e.g. on a 'need to know' basis; knowing how to empower individuals.

They should understand the nature of professional respect: understanding different roles and responsibilities; multi-agency working; improving partnership working through effective communication and information sharing; collaboration and team-working; being involved in or knowing the purpose of multi-agency team meetings and conferences.

Resolving conflicts:

Learners should have an understanding of the skills and approaches needed for resolving conflicts, e.g. managing stress, remaining calm, being aware of both verbal and non-verbal communication, controlling emotions and behaviour, avoiding threatening others, paying attention to the feelings being expressed non-verbally as well as the spoken words of others, being respectful of differences, compromising, actively seeking resolution, communicating clearly, trying not to exaggerate or over-generalise, avoiding accusations and not prescribing to a blame culture, importance of active listening.

Accessing support and advice:

Learners should know how and when to access support and advice about partnership working, e.g. in relation to sharing information, issues about confidentiality, confusion about roles and responsibilities, understanding and working to professional limitations or expectations and boundaries; following agreed ways of working for seeking out support.

They should know how to access support, e.g. by speaking to a colleague, through their manager or supervisor, contacting a professional organisation or independent advisory organisations, including charities where relevant.

They should know how and when to access support and advice about resolving conflicts, e.g. in relation to professional disagreements, issues with individuals or their families, conflict with colleagues or managers.

They should also be aware of how to access other types of support, e.g. through mentoring support, employment counselling, independent advisory organisations or trade unions



Promote personal development in care settings

Unit Number: R/616/3040
Standard Identifier: SFH004
Level: Level 3

 Credit Value:
 3

 GLH:
 10

 TQT:
 30

Unit Aim: SFH004-This unit covers promoting personal development in

care settings. This includes being able to reflect on own practice and use learning opportunities in relation to developing own

practice.

The unit has 5 learning outcomes.

LEARNING OUTCOMES	ASSESSMENT CRITERIA
The learner will:	The learner can:
Understand what is required for competence in own work role.	1.1 Describe the duties and responsibilities of own work role. 1.2 Explain expectations about own work role as expressed in relevant standards. Standards may include:
	 Standards may include: Codes of practice Regulations Minimum standards National occupational standards 1.3 Describe how to work effectively with others.
	Others may include: Team members Other colleagues Those who use or commission their own health or social care services Families, carers and advocates.



LEARNING OUTCOMES	ASSESSMENT CRITERIA
The learner will:	The learner can:
2. Be able to reflect on practice.	 2.1 Explain the importance of reflective practice in continuously improving the quality of service provided. 2.2 Reflect on practice to improve the quality of the service provided. 2.3 Describe how own values, belief systems and experiences may affect working practice.
3. Be able to evaluate own performance.	3.1 Evaluate own knowledge, performance and understanding against relevant standards. 3.2 Use feedback to evaluate own performance and inform development.
 Be able to agree a personal development plan. 	4.1 Identify sources of support for planning and reviewing own development.
	Sources of support may include:
	Formal support
	Informal support
	Supervision
	Appraisal
	Within the organisation
	Beyond the organisation
	4.2 Work with others to review and prioritise own learning needs, professional interests and development opportunities.4.3 Work with others to agree own personal development plan.
	A personal development plan may have a different name but will record information such as agreed objectives for development, proposed activities to meet objectives, timescales for review, etc.
Be able to use learning opportunities and reflective practice to contribute to personal development.	5.1 Evaluate how learning activities have affected practice.



LEARNING OUTCOMES	ASSESSMENT CRITERIA
The learner will:	The learner can:
	5.2 Explain how reflective practice has led to improved ways of working.5.3 Explain why continuing professional development is important.
	Continuing Professional Development (CPD)
	Refers to the process of tracking and documenting the skills, knowledge and experience that you gain both formally and informally as you work, beyond any initial training. It is a record of what you experience, learn and then apply.
	5.4 Record progress in relation to personal development.



Indicative Content: Promote personal development in care settings

Learning Outcome 1:

Learners should be encouraged to identify and describe the duties and responsibilities of own role. If not currently working within the sector this could be done by using either a relevant job description, speaking to someone in the role or by undertaking a work placement.

They should be able to explain how their work role links to relevant standards which may include:

- Codes of practice
- Regulations
- Minimum standards
- National occupational standards

Learners should be aware of how to work effectively with others:

- influencing others
- respecting others and their differences, opinions and feelings
- looking out for others
- · recognising other's abilities
- · ensuring fair and equitable treatment
- supporting others
- communicating effectively

Learning Outcome 2:

Learners should understand what reflective practice is and methods of reflection, e.g.

- Atkins, S. and Murphy, K. (1994). Reflective Practice. Nursing Standard, 8(39) 49-56.
- Gibbs, G. (1988). Learning by Doing: A guide to teaching and learning methods. London: Further Education Unit. (Gibbs Reflective Cycle)
- Johns, C. (1994). Nuances of reflection. Journal of Clinical Nursing 3 71-75 (Johns' Structured reflection 2000 was designed specifically for nursing)
- Pfeiffer, J. W. & Ballow, A. C. (1988). Using structured experiences in human resource development. (UATT Series, vol. 1). San Diego, CA: University Associates.

https://latrobe.libguides.com/reflectivepractice/models

They could also explore Kolb's Learning Cycle or Bains' 5Rs Framework (1999)

http://skillsforlearning.leedsbeckett.ac.uk/preview/content/models/index.shtml



Indicative Content: Promote personal development in care settings

Learners should be able to consider what their own values and belief systems are and how they and their experience impact on their practice. They should be aware of the difference between values and belief systems e.g.

Values are stable long-lasting beliefs about what is important to a person. They become standards by which people order their lives and make their choices. A belief will develop into a value when the person's commitment to it grows and they see it as being important.

They could explore how values based decision making could influence their practice.

Learning Outcome 3:

The learner should be able to evaluate their performance against relevant standards e.g.

- Codes of practice
- Regulations
- Minimum standards
- National occupational standards

They should use feedback to evaluate own performance and to inform development. Feedback could come from the assessor, employer, person receiving care, the family or friends of the individual. Evidence could include:

- emails
- letters
- memos
- thank you notes/cards
- surveys/questionnaires.

Learning Outcome 4:

The learner should be able to identify relevant sources of support to plan and review own development e.g.

- Formal support
- Informal support
- Supervision
- Appraisal
- Within the organisation
- Beyond the organisation

If employed, they could undertake a performance review with their employer to evaluate own performance and plan development using a personal development plan format. If they are not employed, the learner could undertake a work placement and have a review at the end of this with input from both the assessor and the employer. A personal development plan may have a different name but will record information such as agreed objectives for development, proposed activities to meet objectives, timescales for review, etc. Objectives and targets set must be SMART (Specific, Measurable, Achievable, Relevant (or Realistic), Timebound).



Indicative Content: Promote personal development in care settings

Learning Outcome 5:

Learners should understand the importance of continuous professional development in improving practice. It:

- ensures your capabilities keep pace with the current standards of others in the same field.
- ensures that you maintain and enhance the knowledge and skills you need to deliver a professional service.
- ensures that you and your knowledge stay relevant and up to date. You are
 more aware of the changing trends and directions in your profession. The pace
 of change is probably faster than it's ever been and this is a feature of the new
 normal that we live and work in. If you stand still you will get left behind, as the
 currency of your knowledge and skills becomes out-dated.
- helps you continue to make a meaningful contribution to your team. You become
 more effective in the workplace. This assists you to advance in your career and
 move into new positions where you can lead, manage, influence, coach and
 mentor others.
- helps you to stay interested and interesting. Experience is a great teacher, but it
 does mean that we tend to do what we have done before. Focused CPD opens
 you up to new possibilities, new knowledge and new skill areas.
- can deliver a deeper understanding of what it means to be a professional, along with a greater appreciation of the implications and impacts of your work.
- helps advance the body of knowledge and technology within your profession
- can lead to increased public confidence in individual professionals and their profession as a whole

Learners should record their progress in relation to personal development. This could be on the personal development plan or through reflective statements.



Promote person-centred approaches in care-settings

Unit Number: T/616/3063
Standard Identifier: SFH178
Level: Level 3

 Credit Value:
 6

 GLH:
 39

 TQT:
 57

Unit Aim: SFH178-This unit is aimed at those working in a wide range of

settings. It provides the learner with the knowledge and skills required to implement and promote person-centred approaches.

The unit has 7 learning outcomes.

LEARNING OUTCOMES	ASSESSMENT CRITERIA
The learner will:	The learner can:
Understand how to promote the application of person-centred approaches in care settings.	1.1 Explain how and why person-centred values must influence all aspects of health and adult care work.
	Person-centred values include:
	 Individuality Rights Choice Privacy Independence Dignity Respect Partnership Care Compassion Courage Communication
	1.2 Evaluate the use of care plans in applying person-centred values.
	A care plan may be known by other names e.g. support plan, individual plan. It is the document where day-to-day requirements and preferences for care and support are detailed.
	1.3 Explain how to collate and analyse feedback to support the delivery of person centred care in line with roles and responsibilities.



LEARNING OUTCOMES	ASSESSMENT CRITERIA
The learner will:	The learner can:
Be able to work in a person-centred way.	2.1 Work with an individual and others to find out the individual's history, preferences, wishes and needs.
	An individual refers to someone requiring care or support; it will usually mean the person or people supported by the learner.
	Others may include:
	 Team members and colleagues Other professionals Individuals who require care or support Families, friends, advocates or others who are important to individuals Preferences may be based on: beliefs values Culture 2.2 Demonstrate ways to put person centred values into practice in a complex or sensitive situation.
	Complex or sensitive situations may include those that are: Distressing or traumatic Threatening or frightening Likely to have serious implications or consequences Of a personal nature Involving complex communication or cognitive needs.
	2.3 Adapt actions and approaches in response to an individual's changing needs or preferences.



П	EARNING OUTCOMES	ASSESSMENT CRITERIA
	he learner will:	The learner can:
	Be able to establish consent when providing care or support.	3.1 Analyse factors that influence the capacity of an individual to express consent.
		Consent means informed agreement to an action or decision; the process of establishing consent will vary according to an individual's assessed capacity to consent.
		3.2 Establish consent for an activity or action.3.3 Explain what steps to take if consent cannot be readily established.
4.	Be able to implement and promote active participation.	 4.1 Describe different ways of applying active participation to meet individual needs. 4.2 Work with an individual and others to agree how active participation will be implemented. 4.3 Demonstrate how active participation can address the holistic needs of an individual. Active participation is a way of working that recognises an individual's right to participate in the activities and relationships of everyday life as independently as possible; individual is regarded as an active partner in their own care or support, rather than a passive recipient. 4.4 Demonstrate ways to promote understanding and use of active
5.	Be able to support the individual's right to make choices.	participation. 5.1 Support an individual to make informed choices. 5.2 Use own role and authority to support the individual's right to make choices. 5.3 Manage risk in a way that maintains the individual's right to make choices. 5.4 Describe how to support an individual to question or challenge decisions concerning them that are made by others.



LEADNING OUTCOMES		
LEARNING OUTCOMES	ASSESSMENT CRITERIA	
The learner will:	The learner can:	
Be able to promote individuals' well-being.	6.1 Explain the links between identity, self-image and self-esteem.6.2 Analyse factors that contribute to the well-being of individuals.	
	Well-being may include aspects that are:	
	social	
	emotional	
	cultural	
	spiritual	
	intellectual	
	economic	
	physical	
	mental	
	6.3 Support an individual in a way that promotes their sense of identity, selfimage and self-esteem.	
	6.4 Demonstrate ways to contribute to an environment that promotes well-being.	
7. Understand the role of risk-assessment in enabling a person-centred approach.	 7.1 Compare different uses of riskassessment in care settings. 7.2 Explain how risk-taking and riskassessment relate to rights and responsibilities. 7.3 Explain why risk-assessments need to be regularly revised. 	



Learning Outcome 1:

Person-centred approaches include:

- treating the person as an individual, with dignity and respect
- looking at the individual as a whole person, not just meeting one aspect of their needs
- listening and helping the individual to make informed choices
- · working in partnership with the individual.

Influences of person-centred values on care work include:

- meeting the needs of the individual
- providing the best possible quality care service
- ensuring a good quality of life of the individual
- treating the individual as you (or they) would want to be treated.

Learners should understand the person-centred values and how they must be used in all aspects of care, saying why this is important in ensuring high quality standards of work. They could give examples of how each of the values is displayed in practice.

- Individuality
- Rights
- Choice
- Privacy
- Independence
- Dignity
- Respect
- Partnership
- Care
- Compassion
- Courage
- Communication

Use of care plans:

A care plan sets out the daily care and support that has been agreed should be provided to an individual by the adult care worker. It acts as a guide in terms of what sorts of activities are expected. It will be reviewed regularly, and the individual and the adult care worker should be involved in discussion about how it is working and whether parts need changing. The learner should be able to see how the care plan can help the adult care worker to apply the values.

Key features of person-centred planning are:

- The person is at the centre. They have genuine choice and involvement in the process, and in deciding who is involved, where, when and how the planning takes place.
- Family members and friends are full partners. People will come together to work flexibly and creatively to ensure that the person is getting the support they need.



- It reflects the person's capacities, what is important to the person (now and for the future) and specifies the support they require to make a valued contribution to their community. It should identify choices about how the person wants to live
- It builds a shared commitment to action that will uphold the person's rights and encourages their participation in community life.
- It leads to continual listening, learning and action, and helps the person to work towards getting what they want/need out of life. The plan is not focused only on services provided, but on what might be possible in the future.

How to gain feedback to support the delivery of person-centred care: Feedback cannot always be providing verbally by the individual. It is important to be aware of different forms of feedback that could indicate that the individual is content or not with the services provided. This could be through non-verbal communication or cooperating with what you want them to do.

Feedback can also be collected from others including family or other specialists who are involved in the care of the individual.

Learning Outcome 2:

An Individual is someone requiring care or support.

The care plan should give information to others on the individual and their preferences, needs and wishes. The care plan must be completed accurately and reflect the individual and their preferences, needs and wishes. Preferences may be based on beliefs, values or culture.

Complex or sensitive situations may include those that are:

- distressing or traumatic
- · threatening or frightening
- likely to have serious implications or consequences
- of a personal nature
- · involving complex communication or cognitive needs.

A Care Plan may be known by other names (e.g.: support plan, individual plan). It is the document where day to day requirements and preferences for care and support are detailed.

Changing needs or preferences can relate to:

- health needs or preferences i.e. health, abilities, mobility, diet, personal hygiene
- · social needs or preferences i.e. activities, relationships
- environmental needs or preferences i.e. aids and adaptations, accommodation changes in family and relationships.



Learning Outcome 3:

Forms of consent:

A person may demonstrate their consent in a number of ways:

- verballv
- in writing
- by implying (by co-operating) that they agree.

Equally they may withdraw or refuse consent in the same way.

Verbal consent, or consent by implication, will be enough evidence in most cases. Written consent should be obtained if the treatment or care is risky, lengthy or complex. This written consent stands as a record that discussions have taken place and of the person's choice. If a person refuses treatment, making a written record of this is just as important. A record of the discussions and decisions should be made. Consent may be through a representative or advocate.

Factors influencing consent can include:

- · mental conditions e.g. mental capacity
- physical conditions e.g.
 - o communication abilities
 - o availability, or lack of options
 - o awareness of choices
 - o age
 - o participation
 - o engagement.

Steps to take when consent cannot be established:

- not continuing with the task
- reporting to supervisor or manager
- recording the information

Learning Outcome 4:

Active Participation is a way of working that recognises an individual's right to participate in the activities and relationships of everyday life as independently as possible; the individual is regarded as an active partner in their own care or support, rather than a passive recipient.

Holistic – covers all aspects of an individual's well-being.

Ways of implementing active participation include:

- discussion and encouragement with the individual
- providing useful information and choice
- · using friends and family to encourage
- ensuring appropriate activities
- · peer-group encouragement
- · persuasion techniques



- · highlighting the benefits of the activity
- recording the outcome.

Learning Outcome 5:

Others may include:

- Colleagues
- Social worker
- Occupational Therapist
- GP
- Speech and Language Therapist
- Physiotherapist
- Pharmacist
- Nurse
- Specialist nurse
- Psychologist
- Psychiatrist
- Advocate
- Dementia care advisor
- Family or carers

Different approaches to support an individual to make informed choices include:

- discussion
- providing relevant information
- guidance from friends or family
- · using an advocate or support service

Support an individual to question or challenge decisions includes:

- · encouraging the individual to ask questions and comment on the decisions made
- being prepared to listen
- assisting the individual to ask for a second opinion
- · speaking to/referring the individual to a senior member of staff
- · using the complaints procedure

Risk

Risk is the management of uncertainty, and risk decisions are made without having all the knowledge available on which an accurate prediction could otherwise be made. Risk is usually seen as the possibility that an event will occur, with harmful outcomes for an individual or for others.

Such an event may be more likely because of risks associated with:

- disability or impairment
- health conditions or mental health problems
- activities while out in the community, or in a social care setting
- · everyday activities, which may be increased by a disability
- delivery of care and support
- · use of medication
- misuse of drugs or alcohol



- behaviours resulting in injury, neglect, abuse or exploitation by self or others
- · self-harm, neglect or thoughts of suicide
- aggression or violence to self or others

A health and safety approach to risk identifies 5 key steps:

- Identify the hazard
- Identify the risk (who may be harmed and how)
- Evaluate the risks and decide on precautions
- · Record findings and implement them
- Review the risk assessment and update if necessary.

It is important that risk is managed effectively and that the individual is protected where necessary, e.g. in a safeguarding situation.

Learning Outcome 6:

Well-being may include aspects that are:

- spiritual
- emotional
- cultural
- religious
- social
- political
- sexual
- physical
- mental

Factors that contribute to the well-being of an individual include:

- being treated as an individual
- · being treated with dignity and respect
- being given choices
- communicating effectively with them.

The environment may include both the physical environment and social environment

The physical environment could be:

- bedroom
- handbag
- personal belongings

The social environment includes personal boundaries, subjective feelings etc.

Learning Outcome 7

The use of risk assessments includes:

- mobility
- personal hygiene



· outings.

The use of risk assessments includes:

- accident prevention
- · prevention of injury to individuals
- prevention of injury to workers and others
- · description of procedure or steps to meet legal requirements.

Risk assessment relates to rights and responsibilities in the following ways:

- · it is a legal requirement
- it can be used in prevention from danger and harm
- it provides clear guidance or instruction to minimise harm

Risk-taking relates to rights and responsibilities in the following ways:

- providing individuals with the freedom of choice
- allowing the individual to maintain independence.



Promote health, safety and well-being in care settings

Unit Number: A/616/3050
Standard Identifier: SFH043
Level: Level 3

Credit Value: 6
GLH: 45

Unit Aim: SFH043- This unit is aimed at those working in a wide range of

settings. It provides the learner with the knowledge and skills required to promote and implement health, safety and wellbeing

in their work setting.

The unit has 9 learning outcomes.

LEARNING OUTCOMES	ASSESSMENT CRITERIA
The learner will:	The learner can:
1. Understand own responsibilities, and the responsibilities of others, relating to health and safety.	1.1 Identify legislation relating to health and safety in a care setting .
	Care settings may include health, adult care or children and young people's settings.
	Explain the main points of health and safety policies and procedures agreed with the employer.
	Policies and procedures may include other agreed ways of working as well as formal policies and procedures.
	1.3 Analyse the main health and safety responsibilities of: self
	the employer or managerothers in the work setting
	Others may include:
	 Team members Other colleagues Those who use or commission their own health or social care services Families, carers and advocates
	Work setting may include one specific location or a range of locations, depending on the context of a particular work role.



LEARNING OUTCOMES	ASSESSMENT CRITERIA
The learner will:	The learner can:
	1.4 Identify specific tasks in the work setting that should not be carried out without special training. Tasks that the learner should not carry out without special training may include those relating to:
	 Use of equipment First aid Medication Health care procedures Food handling and preparation.
Be able to carry out own responsibilities for health and safety.	 2.1 Use policies and procedures or other agreed ways of working that relate to health and safety. 2.2 Support others' understanding of health and safety and follow agreed safe practices. 2.3 Monitor potential health and safety risks. 2.4 Use risk assessment in relation to health and safety. 2.5 Minimise potential risks and hazards. 2.6 Access additional support or information relating to health and safety.
Understand procedures for responding to accidents and sudden illness.	3.1 Describe different types of accidents and sudden illness that may occur in own work setting. 3.2 Explain procedures to be followed if an accident or sudden illness should occur.
Be able to reduce the spread of infection.	 4.1 Explain own role in supporting others to follow practices that reduce the spread of infection. 4.2 Describe the causes and spread of infection. 4.3 Demonstrate the use of Personal Protective Equipment (PPE).



LE	EARNING OUTCOMES	ASSESSMENT CRITERIA
Th	ne learner will:	The learner can:
		Use of Personal Protective Equipment (PPE)
		The learner must know the different types of PPE and how to use PPE correctly and appropriately in their work environment. Appropriate use may, in some cases, mean after consideration PPE is not required.
		4.4 Wash hands using the recommended method.4.5 Demonstrate ways to ensure that own health and hygiene do not pose a risk to an individual or to others at work.
5.	Be able to move and handle equipment and other objects safely.	5.1 Explain the main points of legislation that relate to moving and handling.5.2 Explain the principles for safe moving and handling.5.3 Move and handle equipment and other objects safely.
6.	Be able to handle hazardous substances and materials.	 6.1 Describe types of hazardous substances that may be found in the work setting 6.2 Use safe practices when: Storing hazardous substances
		 Using hazardous substance Disposing of hazardous substances and materials.
7.	Be able to promote fire safety in the work setting.	7.1 Describe practices that prevent fires from:
		StartingSpreading
		 7.2 Demonstrate measures that prevent fires from starting. 7.3 Explain emergency procedures to be followed in the event of a fire in the work setting. 7.4 Ensure clear evacuation routes are maintained at all times.



LEARNING OUTCOMES	ASSESSMENT CRITERIA
The learner will:	The learner can:
Be able to implement security measures in the work setting.	 8.1 Follow agreed procedures for checking the identity of anyone requesting access to: Premises Information
	8.2 Use measures to protect own security and the security of others in the work setting.8.3 Explain the importance of ensuring that others are aware of own whereabouts.
9. Know how to manage stress .	 9.1 Describe common signs and indicators of stress in self and others. Stress can have positive as well as negative effects, but in this unit the word is used to refer to negative stress. 9.2 Analyse factors that can trigger stress. 9.3 Compare strategies for managing stress in self and others. 9.4 Explain how to access sources of support.
	 Sources of support may include: Formal support Informal support Supervision Appraisal Within the organisation Beyond the organisation.



Learning Outcome 1:

Learners should be able to identify legislations relating to the health and safety in an adult care setting this may include one specific location or a range of locations, depending on the context of a particular work role.

Relevant legislation includes:

- The Health and Safety at Work etc Act 1974 (HSW Act) Employers have a legal duty under this Act to ensure, so far as is reasonably practicable, the health, safety and welfare at work of their employees and others who may be affected by their undertaking.
- The Management of Health and Safety at Work Regulations 1999 Employers must consider the risks to employees and others (including the risk of reasonably foreseeable violence); identify hazards; assess risks posed; decide how to prevent or control the risks; and develop a clear management plan.
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) Employers must notify their enforcing authority in the event of an accident at work to any employee resulting in death, major injury or incapacity for normal work for three or more days. This includes any act of non-consensual physical violence done to a person at work.
- Safety Representatives and Safety Committees Regulations 1977 (a) and The
 Health and Safety (Consultation with Employees) Regulations 1996 (b) Employers
 must inform, and consult with, employees in good time on matters relating to their
 health and safety. Employee representatives, either appointed by recognised trade
 unions under (a) or elected under (b) may make representations to their employer
 on matters affecting the health and safety of those they represent.

Learners should also be able to explain the main policies and procedures in use in an organisation; this may include other agreed ways of working as well as formal policies and procedures.

The learner should not carry out tasks without special training. They should give specific examples of these tasks, for example, this may include those relating to:

- · use of equipment
- first aid
- giving medication
- providing health care procedures
- food handling and preparation.

Learning Outcome 2:

Learners should be able to use health and safety policies and procedures: understanding how specific policies and procedures or agreed ways of working apply to own practice by understanding own responsibilities in relation to:



- how to deal with accidents, injuries and emergency situations,
- specific working conditions and the working environment
- the use of equipment,
- procedures relating to personal care
- · procedures that relate to security and personal safety.

The use of risk assessments includes:

- · accident prevention
- prevention of injury to individuals
- prevention of injury to workers and others
- · description of procedure or steps to meet legal requirements.

Risk assessment relates to rights and responsibilities in the following ways:

- it is a legal requirement
- it can be used in prevention from danger and harm
- it provides clear guidance or instruction to minimise harm

Risk-taking relates to rights and responsibilities in the following ways:

- · providing individuals with the freedom of choice
- allowing the individual to maintain independence.

Learners should know how to identify risks and be able to minimise potential risks and hazards to both themselves and the individual or others around them.

They should know who to refer to in their organisation for support with health and safety and to know how to access other information outside the organisation, for example, the Health and Safety Executive website, trade unions or technical manuals for the safe use of equipment.

Learning Outcome 3:

Learners should be able to understand the types of accidents and sudden illness, for example:

Accident:

- slips and trips
- falls
- needle stick injuries
- burns and scalds
- · injuries from operating machinery or specialised equipment
- electrocution
- accidental poisoning.

Sudden illness such as

- heart attack
- diabetic coma



- stroke
- epileptic convulsion

The learner should understand what procedures must be followed if an accident or sudden illness should occur:

- knowing how to ensure and maintain safety for individuals concerned and others
- clearing the area
- · safely moving equipment if possible
- remaining calm
- knowing how to send for help
- knowing how to assess individuals for injuries.

Learning Outcome 4:

Learners should have an understanding how infection can be spread, for example:

- airborne
- direct contact
- indirect contact.

They should be able to understand measures which can minimise the spread of Infection, for example:

- hand-washing
- · food hygiene procedures
- disposal of waste.

They should know the importance of communicating these procedures to others and the use of communication aids, for example

- posters and notices:
- through regular staff training and updating
- encouraging and ensuring that others are familiar with policies, procedures and agreed ways of working in order to reduce the spread of infection.

Learning Outcome 5:

Learners should be able to explain legislation relating to moving and handling and understand the main points of key legislation, for example:

- The Health and Safety at Work Act 1974;
- The Manual Handling Operations Regulations 1992 (as amended in 2002)
- regulations from the HSC/E covering manual handling risk factors and how injuries can occur.

Learners should be show and explain safe moving and handling. The key principles of this are to avoid the need for hazardous manual handling, to assess the risk of injury from any hazardous manual handling, to reduce the risk of injury from hazardous manual handling.

Learners should be aware of the importance of correct posture and technique when moving and handling individuals including:



- working in teams
- the importance of a co-ordinated approach and good communication
- · using mechanical aids where necessary e.g. a hoist
- adapting the task or approach where necessary
- the importance of following appropriate systems and agreed ways of working
- making proper use of equipment provided for safe practice
- taking care to ensure that activities do not put others at risk
- reporting any potentially hazardous handling activities or damaged equipment.

Learning Outcome 6:

Learners should be able to describe hazardous substances and materials identified in the COSHH regulations (2002) which include substances that are corrosive, for example:

- acid
- irritants
- cleaning fluids
- toxic medicines
- · highly flammable solvents.

Dangerous to the environment includes:

- chemicals
- clinical waste
- germs that cause diseases e.g. legionnaires' disease
- materials that are harmful e.g. used needles,

Items which are potentially infectious include used dressings and body fluids e.g. blood, faeces, vomit.

Learners should know how to store, use and dispose of hazardous substances following organisational and manufacturers' guidance.

Learning Outcome 7:

Learners should be able to identify potential fire hazards in the health and social-care workplace and to understand how fires start and spread e.g. being aware of the fire triangle of ignition, fuel and oxygen.

Learners should be able to prevent fires from starting by recognising the danger from lit cigarettes, naked flames, hot surfaces and faulty electrical equipment. the importance of regular checks on electrical equipment e.g. PAT testing;

They should be aware of the importance of staff training and vigilance in the workplace.

Learners should understand the measures that prevent fires from starting and the importance of taking care with electrical appliances and equipment, for example,

- · not overloading power sockets
- checking for worn or faulty wiring



- unplugging appliances when not in use
- · keeping electrical equipment away from water
- not putting anything metal in microwaves.

Leaners should be able to explain emergency procedures to be followed and have an understanding of how to raise the alarm if a fire is discovered, for example:

- operating a fire alarm system
- following agreed procedures for alerting all personnel in the work setting
- knowledge of basic firefighting procedures, for example, the use of different fire extinguishers, fire blankets or other fire safety equipment.

Learning Outcome 8:

Learners should be able to demonstrate procedures for checking identity and understanding agreed ways of working for checking the identity of anyone requesting access to work setting premises, for example

- · checking official ID
- signing in procedures
- allocating visitor badges
- the use of biometric security systems like fingerprint scanners.

They should also demonstrate understanding of protecting security by using agreed ways of working for protecting own security and the security of others in the work setting for example:

- knowledge of security systems, alarms, CCTV, gaining access to buildings
- understanding special procedures for shift or night time working and the importance of procedures for lone working and ensuring that others are aware of own whereabouts.

Learning Outcome 9:

Learners should be able to describe the common signs of stress such as:

- · aches and pains
- nausea
- dizziness
- chest pain
- rapid heartbeat.

They should be able to describe the emotional signs and symptoms:

- moodiness
- irritability or short temper
- agitation
- inability to relax
- feeling overwhelmed
- sense of loneliness and isolation
- depression or general unhappiness.



Learners should be able to describe signs that indicate own stress which may include:

- work factors changes in routine, dealing with difficult situations, pressure to meet targets, interpersonal relationships with individuals and others, expectations from managers, demands of working unsocial hours, taking on special projects.
- personal factors financial problems, relationship or family problems, major life changes, bereavement, injury or illness.

The learner should be able to compare strategies for managing stress, for example:

- internally or externally focused
- emotional or solution focused
- relaxation techniques massage, yoga, aromatherapy, listening to music
- · physical activity and exercise e.g. going for a run,
- · social strategies e.g. meeting up with friends and family,
- logical strategies e.g. making lists, prioritising
- · creative strategies e.g. music, painting.
- · faith strategies e.g. religion or other beliefs



Promote equality and inclusion in care settings

Unit Number: M/616/3062
Standard Identifier: SFH175
Level: Level 3
Credit Value: 2
GLH: 18
TQT: 20

Unit Aim: SFH175-This unit is aimed at those who work in in a wide range

of care settings. The unit covers the concepts of equality, diversity and inclusion which are fundamental to such roles.

The unit has 3 learning outcomes.

ASSESSMENT CRITERIA
he learner can:
diversity equality inclusion discrimination Describe the effects of discrimination. Fifects may include effects on: The individual Families or friends of the individual Those who inflict discrimination Wider society Sexplain how inclusive practice promotes equality and supports diversity.



LEARNING OUTCOMES	ASSESSMENT CRITERIA
The learner will:	The learner can:
2. Be able to work in an inclusive way.	 2.1 Explain how legislation, policy and codes of practice relating to equality, diversity and discrimination apply to own work role. 2.2 Work with individuals in a way that respects their beliefs, culture, values and preferences.
	Individual refers to someone requiring care or support; it will usually mean the person or people supported by the learner.
	Preferences may be based on:
	BeliefsValuesculture.
Be able to promote diversity, equality and inclusion.	3.1 Model inclusive practice.3.2 Support others to promote equality and rights.
	Others may include:
	 Team members Other colleagues Those who use or commission their own health or social care services Families, carers and advocates.
	3.3 Describe how to challenge discrimination in a way that promotes change.



Indicative Content: Promote equality and inclusion in care-settings

Learning Outcome 1:

The leaner should be able to explain what the following mean:

Diversity - the differences between individuals

Equality - individuals' rights, for example, choices, opportunity

Inclusion - individuals at the centre of planning and support

Discrimination - the unjust or prejudicial treatment of different categories of people, especially on the grounds of their characteristics e.g. age, sex, race.

The learner should also be able to describe the potential effects of discrimination on the individual, their family and friends and wider society. This could, for example, include:

- Physical impacts
- Social and educational impacts
- Society and work-related impacts.

They should also consider the effects that the discrimination has on the person who inflicts discrimination, for example:

- social impact
- · emotional impact.

Promoting equality:

Learners should be able to explain the policies and procedures in workplace setting related to equality and diversity and use inclusive practices and procedures. They should be aware of how to challenge discrimination or the correct methods of reporting. They should understand barriers to participation and look at how to remove barriers e.g. to physical access, to effective communication or to promote independence.

Learning Outcome 2:

Learners should be able to explain relevant legislation and codes of practices for example:

- Human Rights Act 1998
- Special Educational Needs and Disability Regulations 2014
- SEND code of practice: 0 to 25 years 2014 (updated 2015)
- Equality Act 2010

Learners should be able to show how they act in a way which respects individuals' diversity and shows an awareness of equality when interacting with:

- colleagues
- individuals using services
- · family and friends of others
- other professionals.

This may include:



Indicative Content: Promote equality and inclusion in care-settings

- demonstrating active listening skills
- · knowledge of individuals beliefs, cultures and values
- maintaining confidentiality as appropriate by using preferred methods of communication.

Learning Outcome 3:

Learners must demonstrate:

- inclusive practice by observing the social model of disability engaging in reflective practice by encouraging choice, empowering individuals, encouraging independence removing barriers to access, promoting equality and rights.
- supporting others to promote equality and rights, by understanding and sharing information about the needs of individuals, demonstrating ways to value differences and recognising similarities.
- challenging discrimination by identifying and challenging discriminatory behaviour recognising stereotypes in attitudes or written materials, understanding and adapting own beliefs and attitudes and knowing how to report concerns.



Promote effective handling of information in care-settings

Unit Number: D/616/3056
Standard Identifier: SFH078
Level: Level 3

 Credit Value:
 2

 GLH:
 16

 TQT:
 19

Unit Aim: SFH078- This unit is aimed at those working in a wide range of

settings. It covers the knowledge and skills needed to implement and promote good practice in recording, sharing, storing and

accessing information.

The unit has 3 learning outcomes.

LEARNING OUTCOMES	ASSESSMENT CRITERIA
The learner will:	The learner can:
Understand requirements for handling information in care settings	1.1 Identify legislation and codes of practice that relate to handling information in care settings.
	Care settings e.g. Adult, children and young people's health settings and adult care settings.
	1.2 Summarise the main points of legal requirements and codes of practice for handling information in care settings.
Be able to implement good practice in handling information.	 2.1 Describe features of manual and electronic information storage systems that help ensure security. 2.2 Demonstrate practices that ensure security when storing and accessing information. 2.3 Maintain records that are up to date, complete, accurate and legible. 2.4 Support audit processes in line with own role and responsibilities.



LEARNING OUTCOMES	ASSESSMENT CRITERIA
The learner will:	The learner can:
Be able to support others to handle information.	3.1 Support others to understand the need for secure handling of information.
	Others may include:
	 Team members Colleagues Individuals accessing or commissioning care or support Families, carers or advocates.
	3.2 Support others to understand and contribute to records.



Indicative Content: Promote effective handling of information in care-settings

Learning Outcome 1:

Learners should be aware of relevant legislation and codes of practice relating to handling data, including General Data Protection Regulation, Freedom of Information Act, Equality Act. The should be able to summarise the main principles of this legislation and relate to their own job role or to practice in care settings.

They should also know:

- relevant legislation relating to the duty of confidentiality, human rights and safeguarding vulnerable adults
- relevant codes of practice relating to the handling of information e.g. relating to the accuracy, retention, availability and disposal of information
- the importance of having secure information systems, ensuring necessary safeguards and appropriate uses of personal information.

In each case, they should be able to relate this to a care setting and how information is dealt with.

Learning Outcome 2:

Learners should be aware of the features of both manual and electronic information storage systems to ensure security. This may include:

- encrypting data
- the use of secure passwords and changing them regularly
- the importance of electronic audit trails and why they are used
- knowing what a secured IT network is and how the network protects the user and the data contained within it
- the importance of identity checks and the use of security passes
- understanding how to ensure security when storing and accessing information,
 e.g.
 - following organisational policies and procedures
 - ensuring confidential information is not disclosed without consent and minimising the information shared on a 'need to know' basis
 - o preventing accidental disclosure of information
 - practising strict security measures, e.g. shredding paper-based information, logging out of electronic data systems when not working on the systems
 - following incident-reporting processes

Learners should understand the importance of keeping legible, accurate, complete and upto-date records e.g. signed and dated, specifying individual needs and preferences, indicating any changes in condition or care needs.



Indicative Content: Promote effective handling of information in care-settings

Learning Outcome 3:

Learners should be able to demonstrate how to support others when handling information. This could include explaining organisational procedures, following up on mandatory training or demonstrating the collection or storage of data. The support could be provided to a whole range of people including:

- Team members
- Colleagues
- Individuals accessing or commissioning care or support
- · Families, carers or advocates.



Promote communication in care-settings

Unit Number: L/616/3053
Standard Identifier: SFH069
Level: Level 3

 Credit Value:
 3

 GLH:
 25

 TQT:
 30

Unit Aim: SFH069- This unit is aimed at those who work in care settings or

with children or young people in a wide range of settings. The unit is about the central importance of communication in such settings, and ways to overcome barriers to meet individual needs

and preferences in communication.

The unit has 4 learning outcomes.

LE	EARNING OUTCOMES	ASSESSMENT CRITERIA
Th	ne learner will:	The learner can:
1.	Understand why effective communication is important in the work setting.	1.1 Identify the different reasons people communicate.1.2 Explain how communication affects relationships in the work setting.
		Work setting may include one specific location or a range of locations, depending on the context of a particular work role.
		Explain ways to manage challenging situations.
2.	Be able to meet the communication and language needs, wishes and preferences of individuals.	2.1 Demonstrate how to establish the communication and language needs, wishes and preferences of individuals in order to maximise the quality of the interaction.
		Individual refers to someone requiring care or support; it will usually mean the person or people supported by the learner.
		 2.2 Describe the factors to consider when promoting effective communication. 2.3 Demonstrate a range of communication methods and styles to meet individual needs.



LEARNING OUTCOMES	ASSESSMENT CRITERIA
The learner will:	The learner can:
	Communication methods may include:
	 non-verbal communication eye contact touch physical gestures body language behaviour sign language braille pictorial information verbal communication vocabulary linguistic tone pitch technological aids 2.4 Demonstrate how to respond to an individual's reactions when communicating.
Be able to overcome barriers to communication.	 3.1 Explain how people from different backgrounds may use and/or interpret communication methods in different ways. 3.2 Identify barriers to effective communication. 3.3 Demonstrate ways to overcome barriers to communication. 3.4 Demonstrate how to use strategies that can be used to clarify misunderstandings. 3.5 Explain how to use communication skills to manage complex, sensitive, abusive or challenging situations and behaviours. 3.6 Explain how to access extra support or services to enable individuals to communicate effectively.



LEARNING OUTCOMES	ASSESSMENT CRITERIA
The learner will:	The learner can:
	 Services may include: translation services interpreting services speech and language services advocacy services
	3.7 Explain the purposes and principles of independent advocacy.3.8 Explain when to involve an advocate and how to access advocacy services.
Be able to apply principles and practices relating to confidentiality.	 4.1 Explain the meaning of the term confidentiality. 4.2 Demonstrate ways to maintain and promote confidentiality in day-to-day communication. 4.3 Describe the potential tension between maintaining an individual's confidentiality and disclosing concerns.



Learning Outcome 1:

Learners should be able to identify the different reasons people communicate, for example:

- · to express needs
- · to give and receive instructions
- to share ideas
- to ask questions
- establish and maintain a relationship.

They should be able to explain how communication effects relationships at work, both positively and negatively and consider how it can impact on the effectiveness of a team, for example, considering Tuckman's group development theory.

Learners should be able to identify ways of using effective verbal and non-verbal communication to manage challenging situations. For example, being able to identify:

- different behaviour types
- · where conflict at work comes from
- own approach to handling conflict
- emotional triggers and handling them better
- key skills needed to resolve the situation
- strategies and practices for handling these types of situation.

Learning Outcome 2:

Learners should be able to demonstrate a range of communication methods such as:

- non-verbal communication
 - eye contact
 - touch
 - physical gestures
 - o body language
 - o behaviour
- verbal communication
 - vocabulary
 - linguistic tone
 - o pitch

Learners should be able to understand individuals' preferences:

Preferences may be based on:

- beliefs
- values
- culture



Learners should be able to demonstrate a wide range of communication methods and active listening skills in interactions including:

- · non-verbal communication
- eye contact
- appropriate touch
- · physical gestures
- body language
- behaviour
- sign language
- braille
- pictorial information
- verbal communication
- vocabulary
- linguistic tone
- pitch
- use of technological aids

Factors to consider when promoting effective communication may include:

- how the information is presented
- the method by which you communicate is it accessible to the individual?
- how concisely you present the information
- the methods you use to collect information
- the best medium to use written, verbal etc
- the environment in which you are trying to communicate
- the attitude of the recipient
- the time of day

Learning Outcome 3:

Misinterpretation of communication methods can be because of age, gender, culture, socioeconomic status. Individuals may have differences in verbal communication e.g. language, vocabulary, dialect, intonations or non-verbal e.g. facial expressions, use of body language, eye contact, gestures.

Barriers to effective communication can include linguistic barriers such as the use of dialect, jargon, sector specific or technical vocabulary.

The environment can have a major impact on the effectiveness of the communication e.g.

- noise
- poor lighting
- · too many distractions

An individual's emotional and behavioural state of mind can be a barrier, for example:



- attitude
- anxiety
- · lack of confidence
- aggression.

Other barriers can include sensory impairment, health problems or medical conditions, learning disabilities, effects of alcohol or drugs.

Learners should be aware of methods of overcoming barriers, for example:

- use of technological aids e.g. hearing aids, induction loop, telephone relay services
- human aids e.g. interpreters, signers, translators, advocates
- use of age-appropriate vocabulary
- staff training
- improving environment
- reducing distractions.

Learners should be aware of how to access support, for example:

- translation services
- interpreting services
- · speech and language services
- · advocacy services.

An advocacy service is provided by an advocate who is independent of the individual and the services being accessed. An advocate's role includes arguing the individual's case when needed, and making sure the correct procedures are followed by the organisations providing the individual's care.

Advocacy is a process of supporting and enabling individuals to:

- Express their views and concerns.
- Access information and services.
- Defend and promote their rights and responsibilities.
- Explore choices and options.

The Mental Capacity Act 2005 introduced Independent Mental Capacity Advocates (IMCAs). An IMCA supports people who can't make or understand decisions by stating their views and wishes or securing their rights. This is a statutory advocacy service, which means in certain situations people who lack capacity must be referred to an advocate.

An IMCA must be instructed, and then consulted, for people who lack capacity and have nobody else to support them (other than paid staff) whenever:

- an NHS body is proposing serious medical treatment
- an NHS body or local authority is proposing to arrange accommodation (or a change of accommodation) in hospital or a care home and (a) the person will stay in hospital longer than 28 days or (b) they will stay in the care home for more than eight weeks.

An IMCA may be instructed to support someone who lacks capacity to make decisions concerning:

care reviews, when nobody else is available to be consulted



• adult protection cases, whether or not family, friends or others are involved.

Learning Outcome 4:

Learners should be able to understand what confidentiality means, for example:

- When an individual shares information with yourself and doesn't wish for it to be given to anyone else, this is classed as confidential.
- Some confidential information can only be shared on a need to know basis to specific individuals.

Confidentiality should be treated very professionally and information should not be exposed to just anybody, unless the person is felt to be at harm, has harmed themselves or others or where a crime has been committed or may be committed. This would fall under the safeguarding policy.

Learners should be aware of policies and procedures related to confidentiality and data protection.



Duty of care in care-settings

Unit Number: K/616/3061 Standard Identifier: SFH140

 Level:
 3

 Credit Value:
 1

 GLH:
 8

 TQT:
 10

Unit Aim: SFH140- This unit is aimed at those who work in a wide range of

settings. It introduces ways to address the dilemmas, conflicts or

complaints that may arise where there is a duty of care.

The unit has 3 learning outcomes.

LEARNING OUTCOMES	ASSESSMENT CRITERIA
The learner will	The learner can:
Understand how duty of care contributes to safe practice.	 1.1 Explain what it means to have a duty of care in own work role. 1.2 Explain how duty of care relates to duty of candour. 1.3 Explain how duty of care contributes to the safeguarding or protection of individuals.
	Individual refers to someone requiring care or support; it will usually mean the person or people supported by the learner.
Know how to address conflicts or dilemmas that may arise between an individual's rights and the duty of care.	 2.1 Describe conflicts or dilemmas that may arise between the duty of care and an individual's rights. 2.2 Describe how to manage risks associated with conflicts or dilemmas between an individual's rights and the duty of care. 2.3 Explain where to get additional support and advice about conflicts and dilemmas.
3. Know how to respond to complaints.	3.1 Describe how to respond to complaints. 3.2 Explain policies and procedures relating to the handling of complaints. Policies and procedures may include other agreed ways of working as well as formal policies and procedures.



Indicative Content: Duty of care in care-settings

Learning Outcome 1:

Learners should understand the meaning of the following terms, be clear about how they relate to each other and identify the links between them and safeguarding or protecting individuals:

- Duty of care:
 - accountability for e.g. exercising authority, managing risk, working safely, safeguarding vulnerable adults
 - o monitoring own behaviour and conduct
 - o maintaining confidentiality and protecting sensitive data
 - o reporting concerns
 - o maintaining professional boundaries
 - o maintaining high standards of conduct outside the professional role
- Duty of Candour:
 - the 'professional duty of candour' guidance sets out the standards expected of healthcare professionals, including "saying sorry".
 - workers in the caring professions must:
 - speak to a patient, or those close to them, as soon as possible after they realise something has gone wrong with their care.
 - apologise to the patient explain what happened, what can be done if they have suffered harm and what will be done to prevent someone else being harmed in the future.
 - use their professional judgement about whether to inform patients about near misses – incidents which have the potential to result in harm but do not.
 - report errors at an early stage so that lessons can be learned quickly, and patients are protected from harm in the future.
 - not try to prevent colleagues or former colleagues from raising concerns about patient safety. Managers must make sure that if people do raise concerns they are protected from unfair criticism, detriment or dismissal.

Learning Outcome 2:

Learners should be able to describe potential conflicts or dilemmas they may face between their duty of care and individual's rights. This may include:

- · attitudes of individuals towards the person providing care or towards others
- unsafe behaviour such as drug/alcohol abuse
- aggression and violence, bullying and intimidation, vandalism

Learners must know that individual's rights include:

- respecting others' points of view and actions
- · being safe and secure



Indicative Content: Duty of care in care-settings

- being loved and feeling that they belong within the community or their personal network
- having a right to education
- · being treated fairly and equitably.

Learners should be aware of sources of support and advice about conflicts and dilemmas: e.g. from their line manager, through accessing training and professional development opportunities, by speaking to other health professionals, school/college services, counselling services, mediation and advocacy services.

Learning Outcome 3:

Learners should be aware of their organisational policies around handling complaints. They should be able to explain the process for raising a complaint and who to contact. Policies and procedures may include other agreed ways of working as well as formal policies and procedures.



Appendix 2 – Skills for Care & Development Assessment Principles

Centres offering the Gateway Qualifications Diploma in Adult Care qualification must adhere to the Skills for Care and Development Assessment Principles. It is recommended that Centres read these Assessment Principles in full.

The Principles are available on the Skills for Care & Development website here.





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